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7590

03/26/2002

Dr. Benjamin Adler

McGREGOR & ADLER, LLP - Adler & Associates

8011 Candle Lane

Houston, TX 77071

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Erin Warner	(Depositor's name)
Erin Warner	(Signature)
April 10, 2002	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/729,468	12/04/2000	J. Clifford Waldrep	D6288	4457

TITLE OF INVENTION: CARBON DIOXIDE ENHANCEMENT OF INHALATION THERAPY

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
16	nonprovisional	YES	\$640	\$300	\$940	06/26/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
HAGHIGHATIAN, MINA	1616	424-045000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Benjamin Aaron Adler

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Research Development
Foundation

Carson City, NV

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☐ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1185 (enclose an extra copy of this form).

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(Authorized Signature)

Benjamin Adler 4/10/02

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01 FC:242	640.00 CH
02 FC:561	30.00 CH
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